

To: \_\_\_\_\_

From: \_\_\_\_\_

FAX: \_\_\_\_\_

Date: \_\_\_\_\_



Courtyard Marriott South Virginia Beach

### **CREDIT CARD AUTHORIZATION**

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Please fill in the following information to allow the Courtyard Virginia Beach South to accept payment for your request.

**Name of guest(s):** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_ **Number of nights:** \_\_\_\_\_

**Confirmation number(s):** \_\_\_\_\_

#### **I authorize the following charges:**

ROOM AND TAX \_\_\_\_\_ FOOD AND BEVERAGE \_\_\_\_\_ PHONE CALLS \_\_\_\_\_ PARKING \_\_\_\_\_ INCIDENTALS \_\_\_\_\_

ALL CHARGES \_\_\_\_\_ OTHER: (PLEASE DEFINE) \_\_\_\_\_

### **CREDIT CARD HOLDER INFORMATION**

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(Please print)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ **CC Number** \_\_\_\_\_

**CSV Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

This credit card will be used for any outstanding charges at time of guarantee and/or day of request. It will also be used to credit the company or organization following an event if a balance is due.

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Please make a copy of both sides of your credit card and valid identification and attach with this form.***

2501 Atlantic Ave. Virginia Beach VA 23451 **FAX BACK TO: 757-313-6760**